

**RECALLED FIRE SPRINKLERS
PROPERTY OWNER RESPONSE FORM
Globe Model J Series Dry Fire Sprinklers**

Fire Department: _____

Fire Department Address: _____

Fire Department Fax Number: _____

Building Location: _____

Building Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

Management Company (if applicable): _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Phone: _____ Fax: _____

Are there any Globe dry-type fire sprinklers in your building? ☐ Yes ☐ No

If you answered "Yes", pursuant to 527 CMR:1.06(1)(b) you are required to have your fire sprinkler system inspected by a state-licensed sprinklerfitter to determine if they fall into the recall category.

Sprinkler Contractor: _____ License #:SC _____

Address: _____

Sprinklerfitter (if known): _____ License #: _____

The licensed sprinkler contractor that you employ shall submit documentation to the local fire department describing their findings.